



Full Name: (last) _____ (first) _____ (MI) _____

City: _____ State: _____ Zip: _____

Social Security #: _____ Claim #: _____

Date of Birth: _____ Date of Injury: _____

Name of Employing Agency: _____

Reason for Requesting Assistance: (Use reverse side if necessary. Attach copies of any letters, documents, etc., that you feel will be helpful in resolving your problem.):

[illegible]

Pursuant to the Privacy Act of 1974, I authorize the Office of Worker's Compensation to release personal information to Congressman Mike Rogers and/or his staff in order for him to assist me with the above matter.

Signature: _____ Date: ____/____/____

Please return to: Congressman Mike Rogers
104 Federal Building
1129 Noble Street
Anniston, Alabama 36201